

Mental Illness

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The *Resource Guide* of the National Alliance for the Mentally Ill (NAMI) Wisconsin (1999) defines mental illness as a group of brain disorders that cause severe disturbances in thinking, feeling, and relating to other people. They often result in an inability to cope with ordinary demands of life. Symptoms vary, but all people with mental illnesses have some of the common behavioral characteristics. There may be changes in thinking or perceiving (hallucinations, delusions, excessive fears, inability to concentrate). The changes could be in mood (sadness unrelated to events or circumstances, extreme excitement or euphoria, pessimism, hopelessness, loss of interest in activities, talking or thinking about suicide). Changes in behavior may also be noticed (sitting and doing nothing, overfriendliness, dropping out of activities, a decline in academic or athletic performance, hostility, indifference even in highly important situations, or the inability to express joy). NAMI defines mental health as the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to change and cope with adversity.

The precise cause of most mental disorders is not known, but the broad forces that shape them are biological, psychological, social, and cultural. A stressful life event, such as the diagnosis of cancer, may have a psychological effect later. There is some evidence of genetic factors involved with some types of mental disorders, and a vulnerability to certain disorders can be inherited. Some mental disorders are the result of infections such as measles, encephalitis, streptococcal infections, or chronic meningitis.

The National Alliance for the Mentally Ill–Dane County, Inc., is undertaking a major outreach effort aimed at raising awareness that mental illness is simply a brain disorder—not a character flaw and not the fault of the individual involved. Mental illnesses are usually treatable, and early detection is very helpful in the treatment process.

Types of Mental Disorders

Depression

Depression is one of the most common mental illnesses and also the most treatable. It affects more than 19 million Americans each year. Unlike those with other types of mental illness, people with depression are often blamed and told to “snap out of it.” Numerous medications are available that can help treat depression. When combined with psychotherapy they are effective in 80 percent of the cases.

One in five people with major depression, and half the people with manic depression, attempt suicide. According to the Wisconsin Department of Health and Family Services’ *Wisconsin Suicide Prevention Strategy* (2002), suicide is the second leading cause of death in Wisconsin for young people and the tenth leading cause for all ages. Wisconsin’s suicide rate is three times the state’s homicide rate—600 people in the state die by suicide each year—and the majority of people who commit suicide have mental health or substance abuse problems.

Symptoms of depression include the following:

- Feelings of sadness, hopelessness, guilt, or worthlessness.
- Difficulty concentrating.
- Lack of energy.
- With severe forms of depression, people cannot work or participate in daily activities.
- Often, people with depression feel that death is preferable to living in pain.

Bipolar Disorder or Manic Depressive Disorder

Bipolar disorder, also called manic depressive disorder, involves a swing from periods of depression to periods of mania, which is a persistent, excessively “high” mood. Those affected usually have normal or stable periods between the swing from one pole to another. The disorder often first appears in childhood or adolescence, but in the majority of cases it begins in young adulthood. It rarely develops after the age of 35.

Schizophrenia

Schizophrenia affects mental processes such as thinking, judgment, and sensory perception, and it affects the person’s ability to appropriately interpret and respond to situations or stimuli. It may also cause communication difficulties. Persons with schizophrenia may refuse or resist attempts to help or control the disorder. The mean age for the first psychotic episode of people with this disorder is approximately age 21 for men and approximately age 26 for women.

Symptoms can include the following:

- Hallucinations
- Delusions
- Suspiciousness
- Withdrawal
- Drastic changes in behavior or personality

The most difficult symptom to treat is the failure to recognize that one is ill.

Behaviors may include the following:

- Acute sensory sensitivity
- Hearing voices
- Relating elaborate delusions, including thinking they are someone else (even God)
- Paranoid delusions in which they think people are watching or persecuting them
- Fear that people are putting thoughts into their heads or reading their minds

In later stages, the emotions are flat, and the person may be apathetic, may remain quietly in one place for a long time or be immobile, and may perform ritualistic behaviors.

There is no cure for schizophrenia, but many medications can reduce symptoms.

Schizoaffective Disorder

Schizoaffective disorder shows a combination of symptoms such as hallucinations or delusions and significant depression or mania. It used to be considered a subtype of schizophrenia but now is thought to be a separate illness.

Anxiety Disorders

Anxiety disorders include panic disorder, post-traumatic stress disorder (PTSD), and obsessive-compulsive disorder (OCD).

People with panic disorders have “attacks” when there is nothing to fear. During an attack, people may think they are going to die. The following symptoms may occur:

- Sweating
- Shortness of breath
- Heart palpitations
- Choking
- Fainting

A combination of therapy and medication can help 70 percent of people with panic disorders.

Post-traumatic stress disorder results from exposure to a traumatic event. People often re-experience the event in their memories or dreams and feel as if the event is actually recurring. They may avoid certain stimuli that trigger memories of the event. In addition, they may feel detached from other people or numb. They may have sleep disturbances and memory and concentration problems and may have angry outbursts, be hypervigilant, or have exaggerated startle responses. Many veterans who have served in combat, refugees, and victims of abuse experience PTSD.

Most people with OCD disorders have both obsessions and compulsions. Obsessions are repeated, intrusive, and unwanted thoughts that cause extreme anxiety. Compulsions are ritual behaviors that a person performs to reduce anxiety. Common examples include repeated hand washing, counting, checking to see if a door is locked or an appliance is turned off, and repeating a word or action. A combination of therapy and medication can help 50 percent of people with OCD.

Borderline Personality Disorder

Borderline personality disorder (BPD) is characterized by impulsive behavior and unstable moods. It is a fairly common disorder and appears more often in women than men. Symptoms include the following:

- Avoidance of abandonment
- Self-damaging impulses
- Recurrent self-mutilation or suicidal behaviors
- Chronic feelings of emptiness or boredom
- Inappropriate anger
- Transient paranoid ideas

Demographics

People are considered to have a mental illness if they have a cluster of symptoms that when taken together, impair the person’s ability to function. A conservative estimate given in *Mental Health: A Report of the Surgeon General—Executive Summary* (U.S. Department of Health and Human Services 1999) is that approximately 5.4 percent of adults have a serious mental illness. These would include people with severe schizophrenia and bipolar disorder, as well as severe forms of depression, panic disorders, and OCD. The most severely disabled people, about 0.5 percent of the population, receive Social Security disability benefits for mental health-related reasons. Data from 1998 indicate that 28,027 Wisconsin residents received federal disability and Social Security benefits for a mental illness.

Types of Mental Disorders and Estimates of U.S. Population

Type of Disorder	Estimated Percentage of Population	Type of Disorder	Estimated Percentage of Population
Any anxiety disorder	16.4%	Any mood disorder	7.1%
Simple phobia	8.3%	Major depression	6.5%
Social phobia	2.0%	Unipolar major depression	5.3%
Agoraphobia	4.9%	Dysthymia (mild depression)	1.6%
Generalized anxiety disorder	3.4%	Bipolar I and II	1.7%
Panic disorders	1.6%	Schizophrenia	1.3%
Obsessive-compulsive	2.4%	Nonaffective psychosis	0.2%
Post-traumatic stress	3.6%	Somatization	0.2%
		Antisocial personality	2.1%
		Anorexia nervosa	0.1%

Source: *Mental Health: A Report of the Surgeon General* (U.S. Department of Health and Human Services 1999).

Mental Health Issues of Minority Groups

A report by the U.S. Surgeon General's office, *Mental Health: A Report of the Surgeon General* (U.S. Department of Health and Human Services 1999), concludes that the U.S. mental health system is not well equipped to meet the needs of the racial and ethnic minority populations in the United States. Numerous barriers prevent these groups from seeking treatment, and if they do access services, their treatment often is not appropriate.

Evidence indicates that persons from a minority background are less likely than European Americans to seek outpatient treatment for mental health issues. This results in treatment only when the illness creates an emergency situation. Many members of minority groups fear, or feel ill at ease with, the mental health system. African Americans may not seek help because of their experience with forced control, racism, and discrimination. Some immigrants may be undocumented and less likely to trust medical authorities for fear of being reported and deported. For some, language may be a barrier. Many Native Americans have a strong distrust of government agencies based on past experience, and this is especially true for those who live on reservations. Many of these minority groups live in poverty, and people living in poverty are two-and-a-half times as likely to have a mental disorder than people in higher economic categories. They are likely to have less access to health insurance and thus to mental health services.

Drugs are not often tested on minority group members, and as a result the dosage does not take into account differences in ethnic metabolism. Because antipsychotic medications are absorbed more slowly by many ethnic groups than by European Americans, the medication stays in the blood stream longer and causes more side effects.

A higher percentage of African Americans have mental disorders than European Americans, which is partly related to socioeconomic factors. Most African Americans with mental disorders are poor. In comparison, the rate of mental illness for African Americans in higher economic brackets is the same as European Americans who have the same incomes. Poverty may explain in part why many African Americans delay treatment until symptoms become so severe that in-patient care is needed. The surgeon general's report indicated that minority populations are disproportionately represented in institutionalized populations of people with mental illness and underrepresented in outpatient treatment populations. There is an overdiagnosis

of schizophrenia and an underdiagnosis of depression for African Americans, which is attributed in part to bias on the part of mental health professionals.

The surgeon general's report indicates that Hispanics have about the same rates of mental disorders as European Americans. Native Americans and Alaskan Natives have not been well studied within the mental health profession, but depression seems to be a significant problem for these groups. Alcohol abuse is especially problematic and occurs at twice the rate than for all other population groups.

A new approach now being used by some mental health providers involves training to provide culturally appropriate services based on an understanding of the importance of culture, respect for it, and a valuing of cultural diversity.

Mental Health Issues of War Refugees

The U.S. Committee on Refugees maintains information on issues related to refugee mental health (U.S. Committee of Refugees 1997). Refugees' experiences often involve war and displacement trauma that occurred before they arrive and psychosocial issues once they are here. Civilians in war zones have a shattered sense of safety and a penetrating awareness of their vulnerability. They may be traumatized by imprisonment, which can include isolation cells and sleep deprivation. They may not know what happened to their loved ones. Rape, an institutionalized weapon of war in many countries, is common, as is torture. Refugees may be forced to witness torture or executions or experience mock execution themselves.

Shortages of food, medicine, and medical services compromise the health of refugees. Their homes and possessions have been destroyed or left behind. Family members are often separated, wounded, or killed, a source of chronic unresolved grief for many survivors. When they reach refugee camps, they find conditions that are primitive and dangerous. All these factors lead to anxiety disorders, especially PTSD or combat stress disorder, which affect 25 to 94 percent of war-zone refugees.

Refugees may experience severe culture shock. Seniors in particular are often less able to adapt and are overwhelmed. Old ways of life may not be valued, and respect for elders may become irrelevant. Some refugees work so hard in their new country that they have little energy to deal with their emotional problems. Others may be unemployed and unable to motivate themselves in daily life, much less address their psychological problems. Grief is a common response to the loss refugees feel. Many refugees are at risk for suicide because of their despair. The period of adjustment may be characterized by withdrawal or an exacerbation of other problems masked by alcohol use. Family conflicts may worsen especially as the younger generation embraces the culture of the new country.

Refugees often have a fear or hatred for government or authority because the source of their trauma was often the people in power. As a result, refugees may avoid counseling offered by government agencies, even if it is free.

Other Mental Health Issues

People who have a mental illness are at higher risk of becoming abusers of alcohol or drugs than the general population. It is estimated that 20 percent of people with all types of mental illnesses have a substance abuse problem. Information from the National Coalition for the Homeless (2002) indicated that 22 percent of people who are homeless have a mental illness and 34 percent have an alcohol or drug addiction. Barriers to adequate mental health services in rural areas include geography, distance, and the dynamics of providing cost-effective medical services in sparsely populated areas. The stigma of mental illness is particularly intense in rural areas; anonymity can be almost impossible to maintain, and choices for services can be extremely limited.

A recent British study indicates less than 10 percent of violent crime is associated with mental illness ("Psychotic Illness" 2002). Poverty and drug abuse more frequently foster violence; people who commit violent acts are most likely to be male, young, and poor, not mentally ill.

Although many older Americans perceive depression to be a normal part of aging, it does not have to be. Late-life depression affects 6 million Americans, and only 10 percent receive treatment. Women are most affected. Depression can be triggered by common illnesses such as cancer, lung disease, Alzheimer's, heart disease, and arthritis. One-third of people with diabetes are depressed. Treatment of depression can shorten the rehabilitation process and induce a more rapid recovery for people with many diseases. Older Americans are also most at risk for suicide. The rate of suicide is 50 percent higher for seniors than for young people. In Wisconsin, males over age 75 are three times more likely to commit suicide than the general population.

Results of the Survey of Library Services to Adults with Special Needs

Special Needs Survey Questions on Mental Illness Disabilities

Question	Number of Libraries	
	Responding Yes	Percentage
• Library has added materials in past three years on a subject related to mental illness.	169	58%
• Home delivery is available for people who cannot leave their homes because of an emotional disability.	59	20%
• Library staff attended training in the past three years on services for people who have a mental illness.	36	12%
• Library has at least one periodical or newsletter intended for people with emotional disabilities.	31	11%
• Library Web page has links to information about mental illness.	28	10%
• Library Web page has links to information about brain injuries.	22	8%
• Library provides deposit collections at institutions for people who have emotional disabilities.	10	3%
• In the past three years, the library has had a planning process that included people with a mental illness or their family members or agency advocates.	9	3%

Note: In 2002, 293 of Wisconsin's 380 public libraries completed the survey, a 77 percent response rate. See chapter 12 for the complete survey and a summary of the results.

Barriers to Service

Transportation can be a factor for people who have a mental disorder and who cannot drive or do not have access to public transportation. Some may not speak English. Others avoid the library because they are afraid of new situations or may not have the confidence to explore new places. Some people with mental disorders who are aware that their appearance or behaviors seem strange to other people may also avoid public places. Others may not realize the public library has resources that would be of help or interest to them. Some mental disorders prevent people from leaving their homes. Past negative experiences in public libraries may also keep some people with mental disabilities from returning to public libraries. One interviewee explained that mental illness is often an invisible disability, and for that reason librarians may not recognize that people need special assistance.

Planning and Collaboration

Results from the interviews indicated that local chapters of NAMI, which exist in many Wisconsin counties, would make excellent collaborating partners. In addition, every community is served by the county social service provider. Many local hospitals and care facilities that offer services to people with emotional disabilities have outreach departments that also could make good partnering agencies. Because of their interest in promoting awareness of mental health issues, NAMI staff and county social service departments may be especially willing to serve on planning committees or offer insight into potential services and staff training. They may be willing to do surveys with their clients or ask for volunteers to serve as a focus group for the library.

Volunteer Placements Made in Ashland

The Vaughn Public Library in Ashland receives regular visits from clients of a local facility that serves people with mental illnesses. Some of the visitors later become volunteers at the library, when they are no longer in treatment. Typical tasks involve shelf reading, filing, photocopying, and other office-related activities. The library also provides display space of projects from the art therapy classes offered at the mental health center.

Staff Training

A typical reaction to people who have emotional disorders is fear. An overview of mental disorders and associated behavioral characteristics can be helpful. One interviewee stressed that staff training can aid librarians in recognizing stereotypes about people with mental illnesses and thus help dispel these misconceptions. One especially harmful stereotype is the misconception that most people with mental illnesses are dangerous. Training can include suggestions on how to handle problem behavior and when to recognize the need to call for assistance from others when dealing with a particular situation. In most cases, however, emotional disabilities will be invisible. Local chapters of NAMI or social service agencies likely can provide this type of training without charge.

Collections and Services

The interests and needs of people who have mental disorders are as diverse as the general population. A good collection of materials in different formats is needed for all community members. Current materials on mental health issues and specific emotional disabilities might be used by the people affected, their families, and the professionals working with them. Interviewees also recommended access to the Internet with bookmarks to agencies that offer mental health services and information on mental illness.

Accessible Buildings and Services

Typically, people with mental disabilities have the same range of physical disabilities as the general population. Their secondary physical disabilities may require the same accommodations as others who have similar limitations. People whose emotional disabilities are obvious because of their behavior may en-

counter discrimination. They may be made uncomfortable by those who do not understand, are afraid of, or have little tolerance for their unusual behavior in public. Library staff can help model tolerance and respect in their interactions with people who have emotional disabilities. They can help support the rights of people with mental illnesses to be in the library and to use its services. Lonnie McFadden, with Independence First in Milwaukee, explained that people with mental disorders often feel isolated. They may be unable to work and may not have a steady income. They may also have quite a bit of unstructured time. Free entertainment, adult or intergenerational programs, or a reading club at the library might be of interest to them.

Home Services Available in Manitowoc

The Manitowoc Public Library has a service that delivers materials to people's homes when circumstances make it difficult for them to leave their homes. Several of the patrons who receive this service have emotional, rather than physical, disabilities. The library has a home services brochure that describes the program.

Another person pointed out that people who are hospitalized or institutionalized because of a mental disorder typically do not have access to computers. They very much appreciate using computers and accessing the Internet when they come in groups to the library. She stressed that it is helpful if the library has Web sites bookmarked so that people do not become confused or frustrated with their on-line searching.

Marketing

One of the marketing suggestions that arose from the interviews was that public libraries include information about their services in public service ads on television and radio. Local newspapers were also recommended. The interviewees also suggested that public libraries add local agencies that provide mental health services to their mailing list for the library's newsletter to keep them abreast of library activities.

A personal contact might encourage local hospitals, group homes, or other care facilities to make the library a destination when they take their clients for a field trip. The library environment helps people who are hospitalized feel normal and a part of the community. Linda McArthur, with the Franciscan Skemp Health-Siena Hall Day Treatment Program in La Crosse, reported that some of her patients continued to use the library once they returned to the community because they had such positive experiences visiting the library while receiving treatment.

References: Mental Illness

- National Alliance for the Mentally Ill Wisconsin. 1999. *Resource Guide*. <www.namiwisconsin.org/library/resourceguide/community_consumers.cfm>.
- National Coalition for the Homeless. 2002. *Why Are People Homeless?* <www.nationalhomeless.org/causes/html>.
- "Psychotic Illness behind Few Violent Acts: Report." 2002. *British Medical Journal* 325:507-9.
- U.S. Committee on Refugees. 1997. "Mental Health Issues among Refugees." *Refugee Reports* 18, no. 9. <www.refugees.org/world/articles/mentalhlth_rr97_9.htm>.
- U.S. Department of Health and Human Services. 1999. *Mental Health: A Report of the Surgeon General—Executive Summary*. Rockville, Md.: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health. <www.surgeongeneral.gov/Library/MentalHealth/>.
- Wisconsin Department of Health and Family Services. 2002. *Wisconsin Suicide Prevention Strategy*. <www.dhfs.state.wi.us/dph_emsip/InjuryPrevention/SuicidePrevention.htm>.

Additional Resources

National Organizations

- Center for Multicultural and Multilingual Mental Health Services. <www.mc-mlmhs.org>; 773-751-7261; 4750 N. Sheridan Road, Suite 300, Chicago, IL 60640. Assists mental health workers whose clients have a culture or language barrier to treatment.
- National Alliance for the Mentally Ill (NAMI). <www.nami.org>; 703-524-7600; Help Line: 800-950-6264; Colonial Place Three, 2107 Wilson Boulevard, Suite 300, Arlington, VA 22201. A self-help, support, and advocacy organization for people with severe mental illnesses.
- National Empowerment Center. <www.power2u.org>; 800-769-3728; 599 Canal Street, Lawrence, MA 01840. Provides information and referrals to mental health resources and offers technical assistance for empowerment activities.
- National Institute of Mental Health (NIMH). <www.nimh.nih.gov>; 301-443-4513; 301-443-8431 (TTY); 6001 Executive Boulevard, Room 8184, MSC 9663, Bethesda, MD 20892-9663. Diminishes the burden of mental illness through research.
- National Mental Health Association Information Center. <www.nmha.org>; 800-969-6642 or 703-684-7722; 800-433-5959 (TTY); 1021 Prince Street, Alexandria, VA 22314-2971. Maintains a referral and information center, and helps identify local chapters.

Wisconsin Organizations

- Madison Institute of Medicine. <www.miminc.org>; 608-827-2470; 7611 Mineral Point Road, Suite 300, Madison, WI 53717.
- Lithium Information Center. Provides biomedical and general information about lithium and other treatments for bipolar disorder. Makes referrals to doctors and support groups.
- Obsessive Compulsive Information Center (OCD Information Center). The OCD Information Center collects and disseminates information about obsessive-compulsive disorder and related disorders and makes referrals to physicians and support groups.
- National Alliance for the Mentally Ill Wisconsin (NAMI Wisconsin). <www.namiwisconsin.org>; 800-236-2988 or 608-268-6000; 4233 W. Beltline Highway Madison, WI 53711. NAMI was founded in Madison, Wisconsin, in 1980 and is now a national organization. NAMI Wisconsin provides information and serves as an advocate on a state and national level on mental illness.
- Wisconsin Clearinghouse for Prevention Resources. <www.uhs.wisc.edu/wch/>; 800-248-9244 or 608-262-9157; 1552 University Avenue, P.O. Box 1468, Madison, WI 53705-4085. A unit of University Health Services, University of Wisconsin-Madison, it includes resources for the prevention of substance use and violence.
- Wisconsin Coalition for Advocacy, Inc. <www.w-c-a.org>; 800-928-8778 or 608-267-0214; 16 N. Carroll Street, Suite 400, Madison, WI 53703. Protects and advocate for the rights of people with mental illnesses; receives funding from the Federal Center for Mental Health Services.
- Wisconsin Department of Health and Family Services. <www.dhfs.state.wi.us>; P.O. Box 7851, 1 W. Wilson, Madison, WI 53707-7851.
- Bureau of Community Mental Health. <www.dhfs.state.wi.us/mentalhealth>; 608-267-7792. Provides information on admission, care, treatment, release, and patient follow-up in public or private psychiatric residential facilities.
- Mendota Mental Health Institute. 608-243-2500, 301 Troy Drive, Madison, WI 53704. Provides inpatient services for civilly committed patients and prisoners. It has a secure correctional facility for male adolescents with mental health needs and outpatient services.
- Sand Ridge Secure Treatment Center. 608-847-1720; P.O. Box 700; Mauston, WI 53948. Provides treatment and supervised release for adults who have committed sexually violent crimes.
- State Mental Health Council. 608-267-9282; 1 W. Wilson, Madison, WI 53807-7851.
- Winnebago Mental Health Institute. 920-235-4910, P.O. Box 9, Main Street, Winnebago, WI 54985-4910. Provides inpatient evaluation and treatment for civilly committed patients and prisoners. It serves children and adults and acts as a training center for university students.
- Wisconsin Resource Center. 920-426-4310; 1505 North Street, P.O. Box 16, Winnebago, WI 54985-0016. A medium-security facility for inmates transferred from Wisconsin prisons because of behaviors that are a danger to themselves or others and if the other prisons did not have mental health services.
- Wisconsin Department of Workplace Development, Division of Vocational Rehabilitation (DVR). <www.dwd.state.wi.us/dvr>; 800-442-3477 or 608-343-5699; 2917 International Lane, Suite 300; Madison, WI 53707. Provides employment services for people who have a physical or mental impairment that makes it difficult for them to get or keep a job. DVR helps people prepare for work or find and keep a job.

Wisconsin Family Ties. <www.wifamilyties.org>; 800-422-7145 or 608-267-6888; 16 N. Carroll Street, Suite 640, Madison, WI 53703. Works to create a greater understanding, acceptance, and community support for families that include children and adolescents with emotional, behavior, and mental disorders.

Wisconsin Prevention Network. <danenet.danenet.org>; 715-356-8540; P.O. Box 1526, Appleton, WI 54912-1526. A statewide membership association of individuals and organizations working together to ensure human and financial resources for prevention and wellness.

Wisconsin United for Mental Health. <www.wimentalhealth.org>; 866-948-6483; phone number and Web site maintained by the Mental Health Association, 734 Fourth Street, Suite 200, Milwaukee, WI 53203. Site provides information on mental illness and statistics on Wisconsin and nationwide.

All Web sites listed in this section were accessed in November 2002.

Getting Started with Little Money and Time: Mental Illness

The following are some ideas for public libraries to use when designing services for people with mental illness.

BREAKING DOWN BARRIERS

- Greet everyone who comes into the library with a smile and a hello; invite patrons to request assistance if they need it. Be prepared to accept that some people will not answer or acknowledge the welcome.
- Be patient with adults who may exhibit unusual behaviors, as long as they are not disturbing anyone else in the library. If it is necessary to ask an adult to leave because of behavior, explain that their behavior on this day is not acceptable or that it seems to be a bad day for them, but that they are welcome to come back when they are feeling more in control.
- Be flexible but consistent with behavioral expectations. In general, the same behavior rules apply to all people. It is a good idea to have general behavior expectations written down in a handout so that if intervention is necessary, the rules can be given to the patron as they are explained.
- Discuss with the library board behavioral expectations for homeless people who may spend a great deal of time in the library, especially in the winter, and who may have emotional difficulties. Again, behavioral expectation should be consistently implemented, but a degree of flexibility may be possible for people who have emotional disabilities.

PLANNING AND COLLABORATION

- Call the local mental health agencies and ask for brochures or information on support groups. Put this literature out for the public, keeping one copy for the vertical files or the reference desk.
- If a local hospital or nursing home has a unit for people with emotional disabilities, call and offer a rotating collection of materials.
- Invite a local mental health support group to hold one of its meetings at the library.

STAFF TRAINING

- Arrange for a staff and trustee training session that includes an overview of the various types of mental disorders, identification of problem behaviors, and techniques for dealing with them. Often, local mental health support groups or service providers will provide this training at no cost.
- Encourage staff to discuss any adult behaviors they do not understand, are afraid of, or do not know how to handle, and brainstorm coping techniques. Be sure all staff can recognize actual dangerous situations and know emergency procedures.

COLLECTIONS AND SERVICES

- Weed the library's collection of dated materials on mental health and mental illness, and watch and save reviews of new materials for this section of the collection.

ACCESSIBLE BUILDINGS AND SERVICES

- If the interests for patrons who have emotional disabilities are known, put materials aside for them. If they are willing to converse, offer the materials to them. If they do not like to talk, put the materials where they are likely to see them. Perhaps just walk by and put them on the table where the patron is sitting, without initiating conversation.
- If the library offers home delivery of materials to people with physical disabilities who find it difficult to leave their homes, consider expanding the service to include people who have emotional disabilities that may at times prevent them from leaving home.
- Consider offering a program related to mental health issues and services for the general public.

MARKETING

- Plan to help raise awareness for National Mental Health Month (www.nmha.org), National Anxiety Disorders Screening Day (www.freedomfromfear.org), and National Suicide Awareness Week (www.suicidology.org), all in May. In addition, the library can raise awareness for National Mental Illness Awareness Week (www.psych.org) or National Depression Screening Day (www.mentalhealthscreening.org/depression.htm), both in October.

All Web pages listed here were accessed in November 2002.